

Revised 06/08

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

510 EAST 12<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 Fax: (515)281-4073  
 www.iowa.gov/ethics

**FORM-GB**

Gift or Bequest Information received  
 by a department or accepted by the  
 Governor on behalf of the state

**For office use only**

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**

<b>Clarinda Correctional Facility</b>	
Name of Department or Office Chaplain's Office/ Religious Coordinator	
Mailing Address 2000 N. 16th St	City, State, Zip Code Clarinda, Ia. 51632
Area Code & Telephone No.	

2011 FEB 23 PM 12:42

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Chaplain Jeremy Wulbecker	
Name	
Mailing Address (if different from above) jeremy.wulbecker@iowa.gov	
City, State, Zip (if different from above) same	Area Code & Telephone Number (if different from above)
Email Address	

**DONOR OF GIFT OR BEQUEST:**

Platform Artist Management	
Name	
256 Seaboard Lane Franklin, TN 37067	
Mailing Address	City, State, Zip Code
Phone not given	
Area Code & Telephone Number	
Email Address (optional)	

2-9-11	\$ 100
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

12 CDs      4 w/Broken Cases (94 ea)      8 good cases (18)

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Jeremy Wulbecker affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Jeremy Wulbecker  
 Signature

2-23-11

Date

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Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Chaplain Jeremy Wulbecker	
Name state	
Mailing Address (if different from above) jeremy.wulbecker@iowa.gov	City, State, Zip (if different from above) same
Email Address	Area Code & Telephone Number (if different from above)

2011 FEB 23 12:42  
 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

**DONOR OF GIFT OR BEQUEST:**

First Baptist Church	
Name	
500 S 16th St	Clarinda Ia 51632
Mailing Address	City, State, Zip Code
712-542-4362	
Area Code & Telephone Number	
NA	
Email Address (optional)	

2-7-11	\$ 124.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

CD Binders to hold Bible on CD for check out

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Signature

2-23-11

Date